

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34599**

FILED OCT 1 1957

BIRTH NO.		REG. DIST. NO. <b>352</b>		PRIMARY REG. DIST. NO. <b>6191</b>		Registrar's No. <b>78</b>	
1. PLACE OF DEATH a. COUNTY <b>Taney</b> b. CITY (If outside corporate limits, write RURAL and give name of township) <b>Forsyth</b> c. LENGTH OF STAY (in this place) <b>5 years</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b> c. CITY OR TOWN <b>Forsyth</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>Forsyth</b>			
3. NAME OF DECEASED (Type or Print) <b>HARRY</b>		a. (First) <b>RUSSEL</b>		b. (Middle) <b>TYDINGS</b>		c. (Last)	
4. DATE OF DEATH <b>Sept. 17, 1957</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept. 30, 1892</b>		9. AGE (In years last birthday) <b>64</b>		10. MONTHS <b>11</b>		11. DAYS <b>17</b>	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Middle Grove, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Richard Tydings</b>		13b. MOTHER'S MAIDEN NAME <b>Addie Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>Clara E. Tydings</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clara Tydings Forsyth, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary insufficiency</b> ANTECEDENT CAUSES DUE TO (b) <b>Max nutrition</b> DUE TO (c) <b>Coronary Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-1</b> , 19 <b>57</b> , to <b>9-17</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>9-17</b> , 19 <b>57</b> , and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Mary King</b>		(Degree or title) <b>D.O. &amp; Forsyth, Mo.</b>		23b. ADDRESS		23c. DATE SIGNED <b>9-18-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9/20/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fort Henry Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clifton Hill, Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-23-57</b>		REGISTRAR'S SIGNATURE <b>Heleen Campbell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom Patton &amp; Son, Huntsville, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Walter S. Cook*

Licensed Embalmer No. 47

P. O. Address *San Jose*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.